DATENT ADDI 6	CATION FEE	DETERMINATION	RECORD
PAIRNI APPLU	CAHUN FEE	DETELLIMATION	HEOOND

Effective January 1, 2003

Application	or	Docket	Number
-------------	----	---------------	--------

10-657-569

[10.02 1.20]												
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE OR		OR	OTHER THAN SMALL ENTITY					
TO	TAL CLAIMS		11				RATE	FEE		RATE	FEE	
FOF	3		NUMBER FILED NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00		
TOT	FOTAL CHARGEABLE CLAIMS (minus 20= * 10			X\$ 9=		OR	X\$18=					
INDI	EPENDENT-GL/	IMS	2 mir	nus 3 =	*	Ð	- · • · · ·	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT						+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL	315	OR	TOTAL				
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)			<u>)</u>	SMALL E		OR	OTHER SMALL					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	• /4/	Minus	** 2	20	-0		X\$ 9=		OR	X\$18=	
ME	Independent	* /	Minus	***	3	=0	1	X42=		OR	X84=	
Ш	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	TCLAIM		j	+140=		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)			mn 2)	(Column 3)					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER NOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
WE	Independent	*	Minus	***		-	4	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		J	+140=		OR	+280=	
	•							TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3	3)_			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NS S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
WEI	Independent	*	Minus	***			_	X42=		OR	X84=	
F	FIRST PRESE	NTATION OF N	IULTIPLE DE	PENDE	NT CLAIM		_	+140=		OR		
	If the entry in colu	ımn 1 is less than	the entry in co	umn 2, wr	tte "0" in c	otumn 3.		TOTAL		4	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	-	•										